

PROJECT 10073 RECORD

1. DATE - TIME GROUP 30 Sept 67 30/0107Z	2. LOCATION Garwood, New Jersey
3. SOURCE Civilian	10. CONCLUSION Possible: AIRCRAFT
4. NUMBER OF OBJECTS 3	
5. LENGTH OF OBSERVATION 30 seconds	11. BRIEF SUMMARY AND ANALYSIS Observer sighted 3 objects that had a bright green and red glow. The objects were "flattened out hamburger cigar shaped," traveling at speeds near 1000 mph and were 1 to 2 miles high.
6. TYPE OF OBSERVATION Ground Visual	COMMENTS: Two of the witness give that time as 9 or 10 minutes rather than 30 seconds. One gives the direction as NW to E. Both witnesses said that there was only one <input checked="" type="checkbox"/> object and one said that "I think it was an aircraft." Although there are numerous conflicting points, since one witness feels that it was an aircraft it seems that it may have been one.
7. COURSE WNW - NNE	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES	CAMERA VIEWER
SUNGASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	X OTHER <i>eyes</i>

A. DO YOU ORDINARILY WEAR GLASSES? YES NO

B. DO YOU USE READING GLASSES? YES NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED *1000*

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE *10 miles*

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

*Bigger than star
and brighter*

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? YES NO. IF "YES," DESCRIBE.

Cats were making noise

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. YES NO.
IF "YES," DESCRIBE.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? YES NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? YES NO. IF "YES," DID THEY SEE IT TOO? YES NO.

A. LIST THEIR NAMES AND ADDRESS

(Same address)

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)	AGE	14-15	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
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INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

Student, in Lincoln School
Garwood

Grade - 6

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME Blue Book DAY 31 MONTH OCT YEAR 1967

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 25 MONTH NOV YEAR 1967

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

I think it was a
airplane.

Please send me
your answer to
the U. F. O.

Mark Johnson

30 Oct 67

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 43433



REPLY TO:
ATTN OF: TDPT/UFO

SUBJECT: UFO Observation, 30 October 1967

NOV 21 1967

TO:

[REDACTED]
Garwood, New Jersey 07027

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 30 October 1967 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

BOB Nr 21-R258

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 12 MONTH Oct YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 8 PM MINUTES 0 A.M. P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 8 MINUTES 10 A.M. P.M.

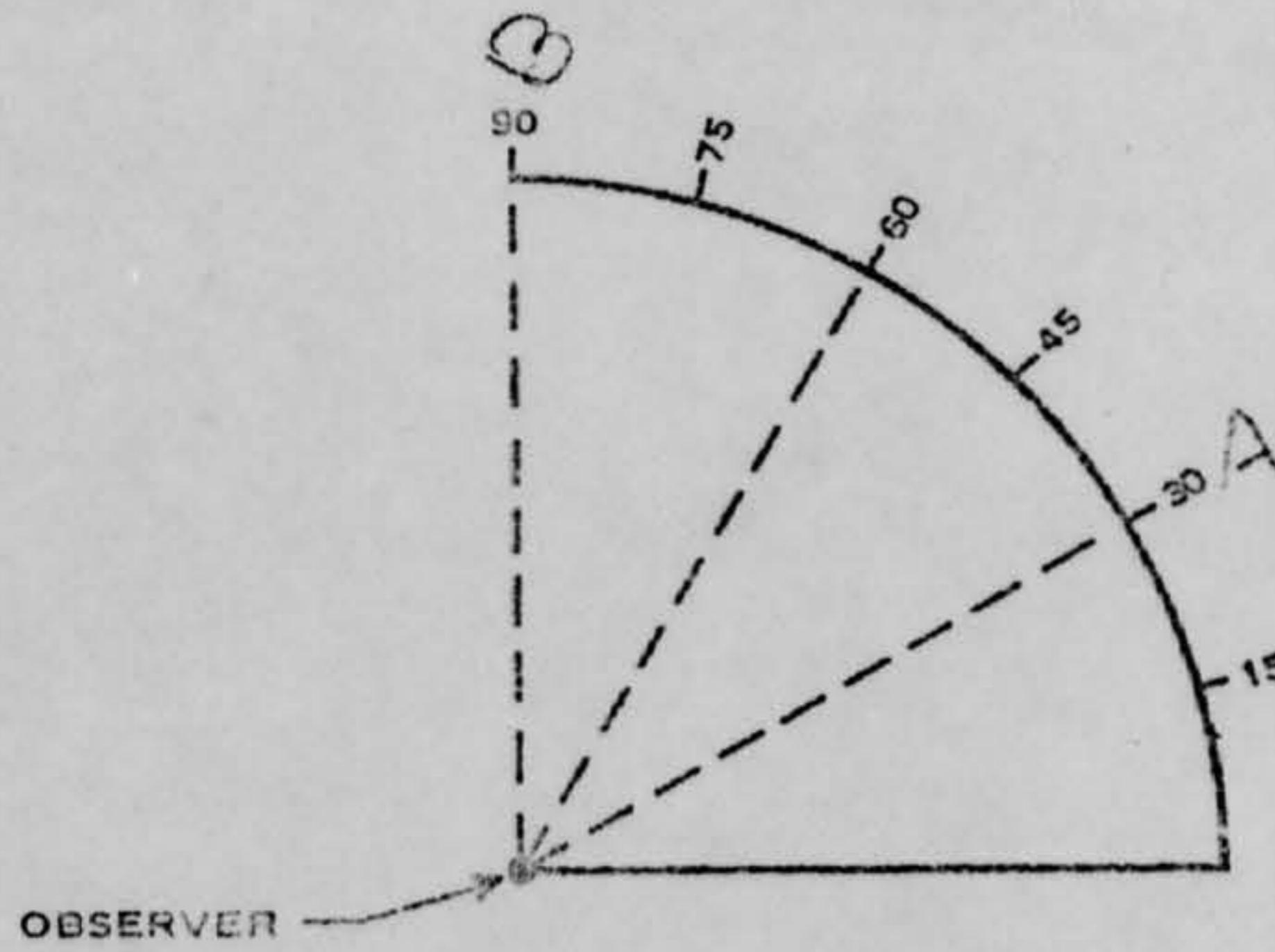
4. TIME/ZONE DAYLIGHT SAVINGS STANDARD

EASTERN CENTRAL MOUNTAIN PACIFIC OTHER

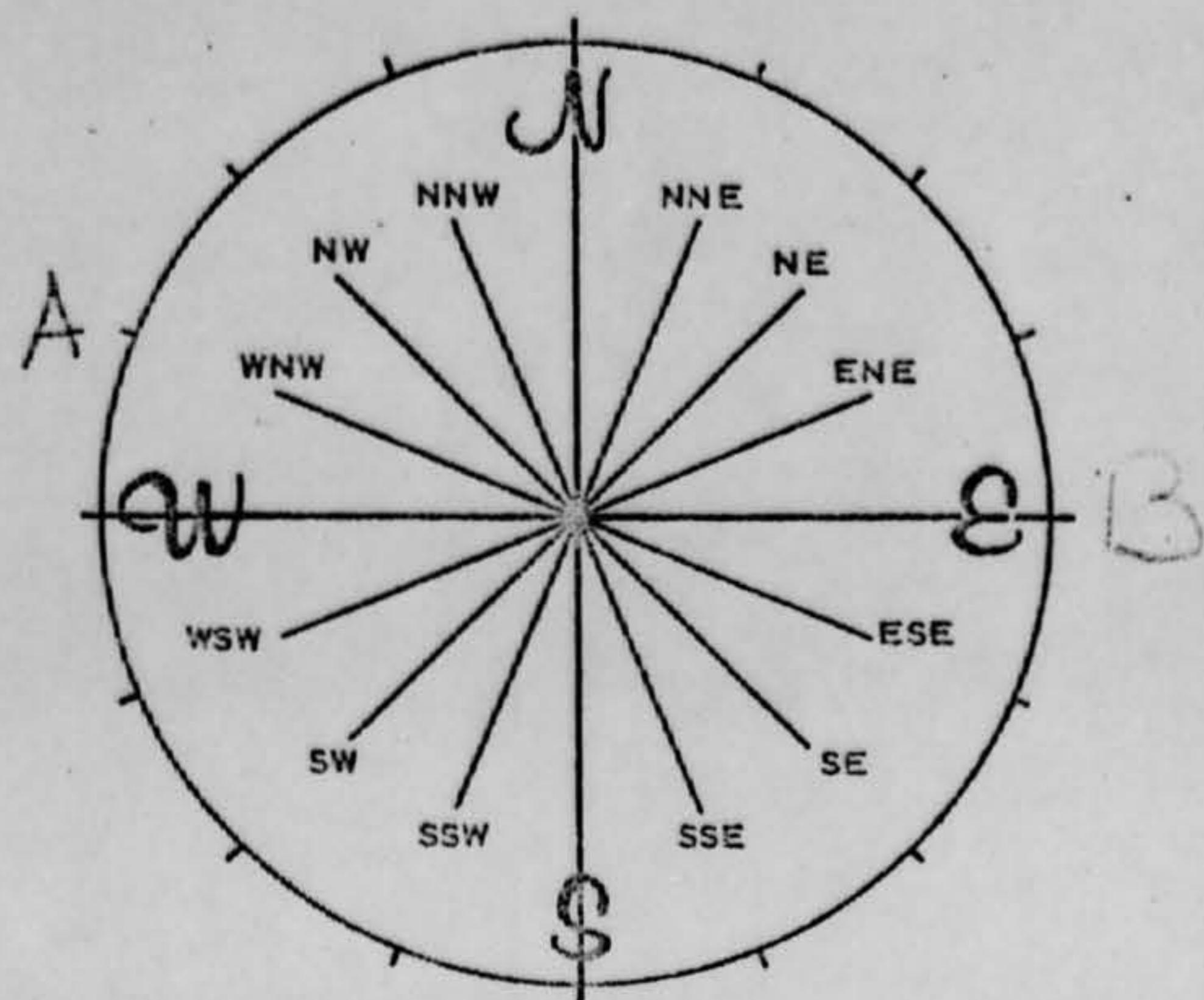
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

1000 Leewood Rd. N.J.
At garage
X Standing

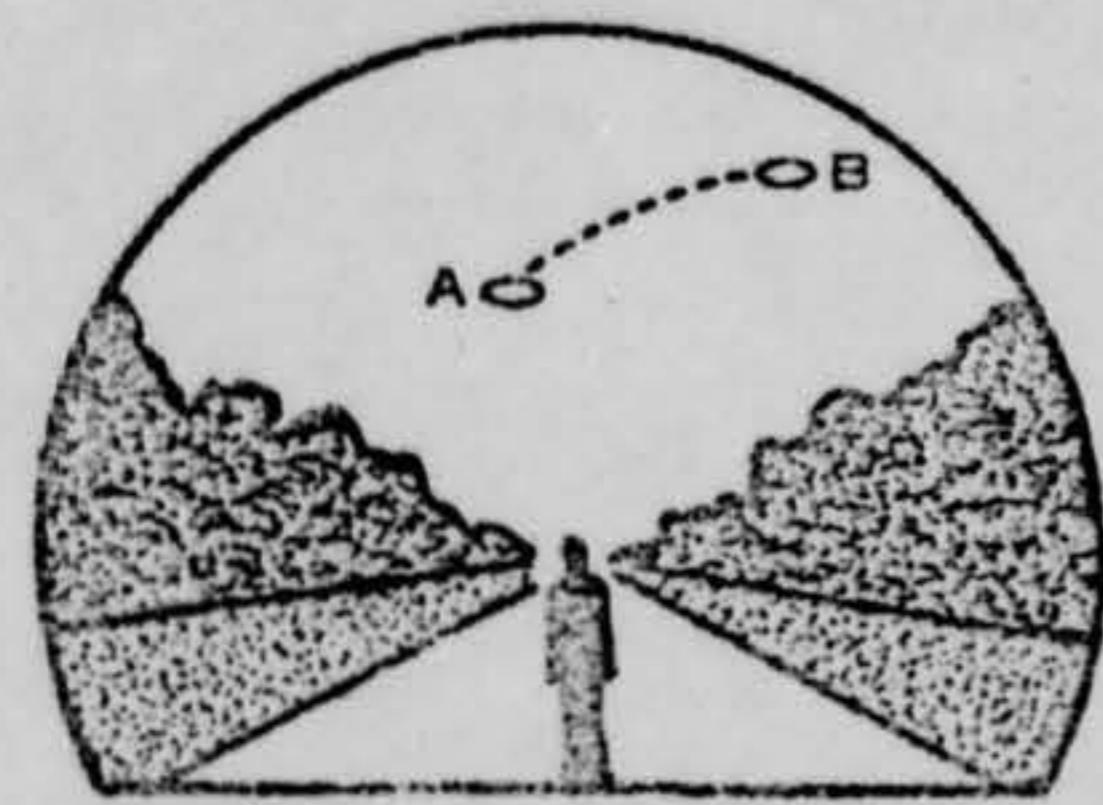
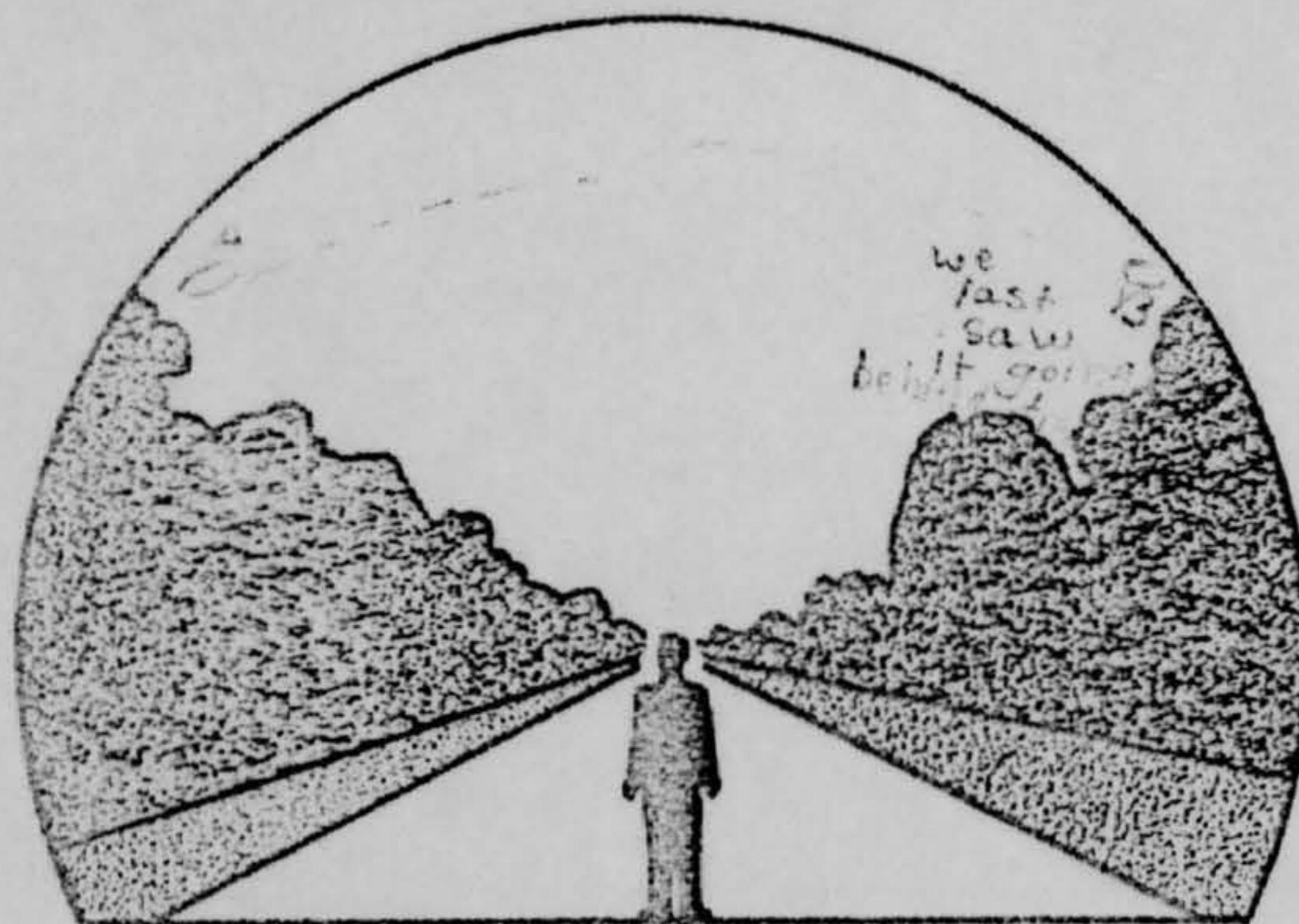
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)

OUTDOORS <input checked="" type="checkbox"/>	IN BUSINESS SECTION OF CITY
IN BUILDING	IN RESIDENTIAL SECTION OF CITY
IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	IN OPEN COUNTRYSIDE
IN BOAT	NEAR AIRFIELD
IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	FLYING OVER CITY
OTHER	FLYING OVER OPEN COUNTRY
	OTHER

A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:

WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST		
SOUTH	WEST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.

DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVESED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.

HOW MUCH OTHER TRAFFIC WAS THERE?

DID YOU NOTICE ANY AIRPLANES? YES NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.

9. HOW LONG WAS THE PHENOMENON IN SIGHT?

LENGTH OF TIME	9 or 10 min. <input checked="" type="checkbox"/>	CERTAIN OF TIME	NOT VERY SURE
		FAIRLY CERTAIN	JUST A GUESS

HOW WAS TIME DETERMINED?
Use 1000 Read watch

WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? YES NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

only one

11. CONDITIONS (Check appropriate blocks.)

A. SKY	B. WEATHER
DAY	CUMULUS CLOUDS (Low fluffy) <input checked="" type="checkbox"/>
TWILIGHT	CIRRUS CLOUDS (High fleecy or Herring-bone)
NIGHT	NIMBUS CLOUDS (Rain)
CLEAR	CUMULONIMBUS CLOUDS (Thunderstorms)
PARTLY CLOUDY	
COMPLETELY OVERCAST	HAZE OR SMOG
	FOG OR MIST
	HEAVY RAIN
	LIGHT RAIN OR DRIZZLE
	HAIL
	SNOW OR SLEET
	UNKNOWN
	NONE OF THE ABOVE <input checked="" type="checkbox"/>

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
NONE	BRIGHT MOONLIGHT
A FEW	MOON WITH HALO
MANY	MOON HIDDEN BY CLOUDS
UNKNOWN	PARTIAL (New or quarter)
	NO MOONLIGHT
	UNKNOWN

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? YES NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

IN FRONT OF YOU	TO YOUR RIGHT	OVERHEAD (Near noon)
IN BACK OF YOU	TO YOUR LEFT	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
MOVE IN A STRAIGHT LINE?				
STAND STILL AT ANYTIME?		X		
SUDDENLY SPEED UP AND RUN AWAY?			X	X
BREAK UP IN PARTS AND EXPLODE?			X	X
CHANGE COLOR?		X		
GIVE OFF SMOKE?			X	X
CHANGE BRIGHTNESS?		X		
CHANGE SHAPE?			X	X
FLASH OR FLICKER?			X	X
DISAPPEAR AND REAPPEAR?			X	X
SPIN LIKE A TOP?			X	X
MAKE A NOISE?			X	X
FLUTTER OR WOBBLE?			X	X

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

My Brother

A. HOW DID IT FINALLY DISAPPEAR?

BOILING a trop

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
 YES NO. IF "YES," DESCRIBE.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

Priority

2
30 Oct '67

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF: TDPT/UFO

SUBJECT: UFO Observation ,30 October 1967

NOV 21 1967

TO:

[REDACTED]
Carwood, New Jersey 07027

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 30 October 1967 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

[Signature]
JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES	CAMERA VIEWER
SUNGASSES	BINOCULARS <input checked="" type="checkbox"/>
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER

A. DO YOU ORDINARILY WEAR GLASSES? YES NO

B. DO YOU USE READING GLASSES? YES NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED. 1000

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE.

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? YES NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. YES NO.
IF "YES," DESCRIBE.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? YES NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? YES NO. IF "YES," DID THEY SEE IT TOO? YES NO.

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED]

[REDACTED]

Garden NJ
07027

07027

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE NUMBER (Area code and number)

AGE

10

MALE

FEMALE

INDICATE WHETHER YOU ARE EMPLOYED. IF YES, GIVE OCCUPATION. IF NO, GIVE REASONS. ALSO GIVE ANY OTHER INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

ment about my
mother who reported
it in paper only

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME

DAY 02 MONTH 11 YEAR 1981

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 10 MONTH 25 YEAR 1981

PAGE 8 OF 11

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

Plane and
white

Obs for sight to Nov 67

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?	2. Time of day: <u>8:00</u> <u>07</u> Hour Minutes
<u>30</u> <u>OCT</u> <u>1967</u> Day Month Year	(Circle One): A.M. or <u>P.M.</u>
3. Time Zone: (Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other _____	(Circle One): a. Daylight Saving <u>b. Standard</u>
4. Where were you when you saw the object? Nearest Postal Address _____ City or Town <u>Garwood</u> State or County <u>New Jersey</u>	
5. How long was object in sight? (Total Duration) a. Certain <u>b. Fairly certain</u> 5.1 How was time in sight determined? <u>by my watch</u> 5.2 Was object in sight continuously? Yes <u>X</u> No _____	<u>0</u> <u>0</u> <u>30</u> Hours Minutes Seconds
6. What was the condition of the sky? DAY a. Bright b. Cloudy	NIGHT a. Bright <u>b. Cloudy</u>
7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object? (Circle One): a. In front of you b. In back of you c. To your right d. To your left e. Overhead f. Don't remember	 <u>Saw object at night</u>

FORM FTD OCT 62 164 Reproduced by Library of Congress, Legislative Reference Service
This form supersedes FTD 164, Jul 61, which is obsolete. May 1966

Self witness 164 to
1966 form

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

Very bright green's red glow

12. The edges of the object were:

(Circle One): a. Fuzzy or blurred
b. Like a bright star
 c. Sharply outlined
d. Don't remember

c. Other _____

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

Yes	No	Don't know
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know

14. Did the object disappear while you were watching it? If so, how?

It came
up out from behind a tree

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind:

a tree

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

in front of:

17. Tell in a few words the following things about the object:

a. Sound

it made no sound

b. Color

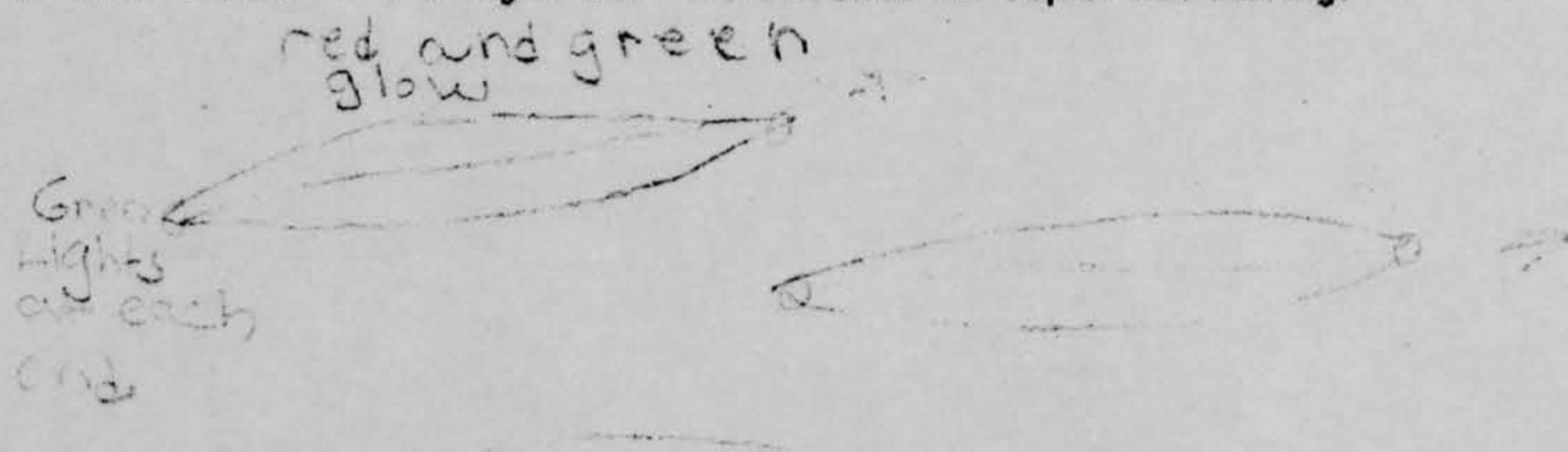
very bright green and red glow

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

Do not understand instructions

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



20. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? 1000 mph

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? 1 to 2 mi.

22. Where were you located when you saw the object?

(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other in the sky

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- a. North
- b. Northeast
- c. East
- d. Southeast
- e. South
- f. Southwest
- g. West
- h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

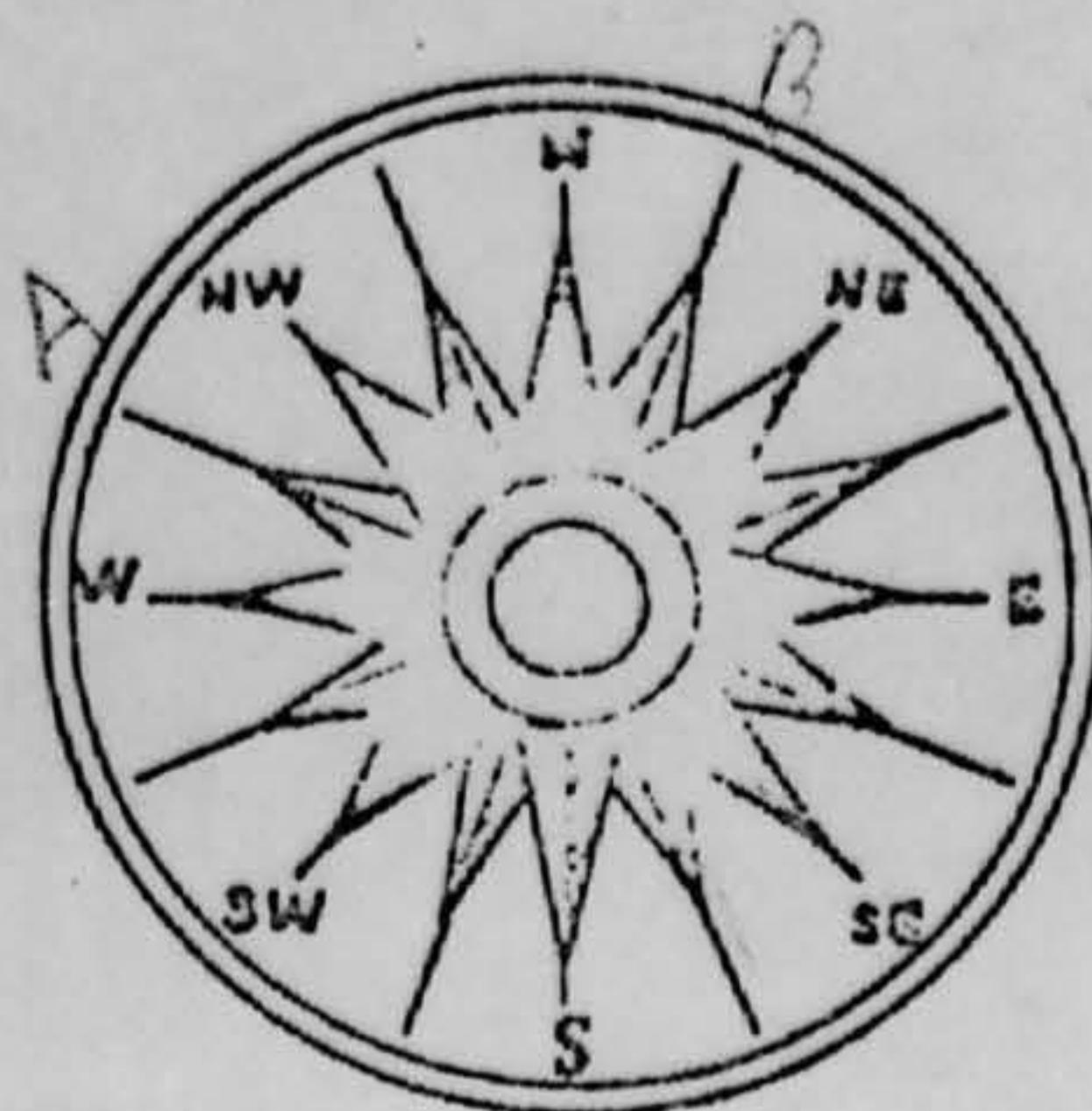
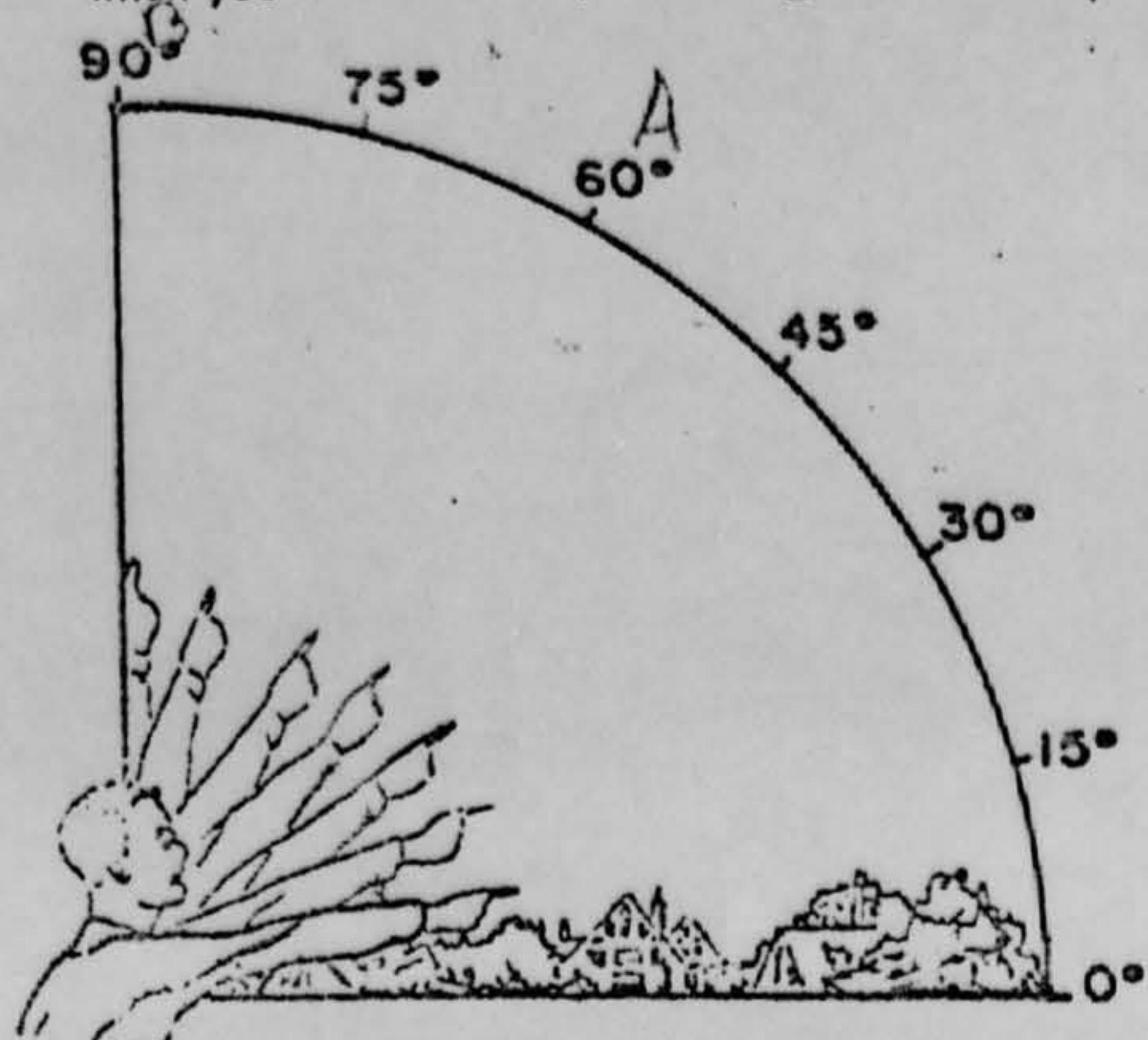
25. Did you observe the object through any of the following?

a. Eyeglasses	Yes	<input checked="" type="radio"/> No	e. Binoculars	<input checked="" type="radio"/> Yes	<input type="radio"/> No
b. Sun glasses	Yes	<input checked="" type="radio"/> No	f. Telescope	<input checked="" type="radio"/> Yes	<input type="radio"/> No
c. Windshield	Yes	<input checked="" type="radio"/> No	g. Theodolite	<input checked="" type="radio"/> Yes	<input type="radio"/> No
d. Window glass	Yes	<input checked="" type="radio"/> No	h. Other _____		

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

A sort of like flattened out
hamburger egg shaped

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? 3

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



30. Have you ever seen this, or a similar object before. If so give date or dates and location.

Sept. 25 1967 Back Yard 80 2nd Ave. Garwood NJ

31. Was anyone else with you at the time you saw the object? (Circle One) Yes No

31.1 IF you answered YES, did they see the object too? (Circle One) Yes No

31.2 Please list their names and addresses:

[REDACTED] Garwood NJ

32. Please give the following information about yourself:

NAME [REDACTED] Last Name [REDACTED] First Name [REDACTED] Middle Name

ADDRESS [REDACTED] Street Garwood City 07021 Zone New Jersey State

TELEPHONE NUMBER [REDACTED] AGE 12 SEX MALE

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object? Air Force

31 OCT 1967

Day

Month

Year

34. Date you completed this questionnaire:

31 Oct. 1967

Day

Month

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting. It first appeared

from behind a tree and seemed to be taking off. It kept getting higher and higher till they dissapered. My friend (who does not want name mentioned) said he saw object at 8:15 he lives on edge of town. Please send me back your verte. When I first saw the object I screamed and took the field glasses in which we were observing stars

[REDACTED]

Carwood NJ
07021

30 Oct 1967

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF: TDPT/UFO

SUBJECT: UFO Observation, 30 October 1967

TO:

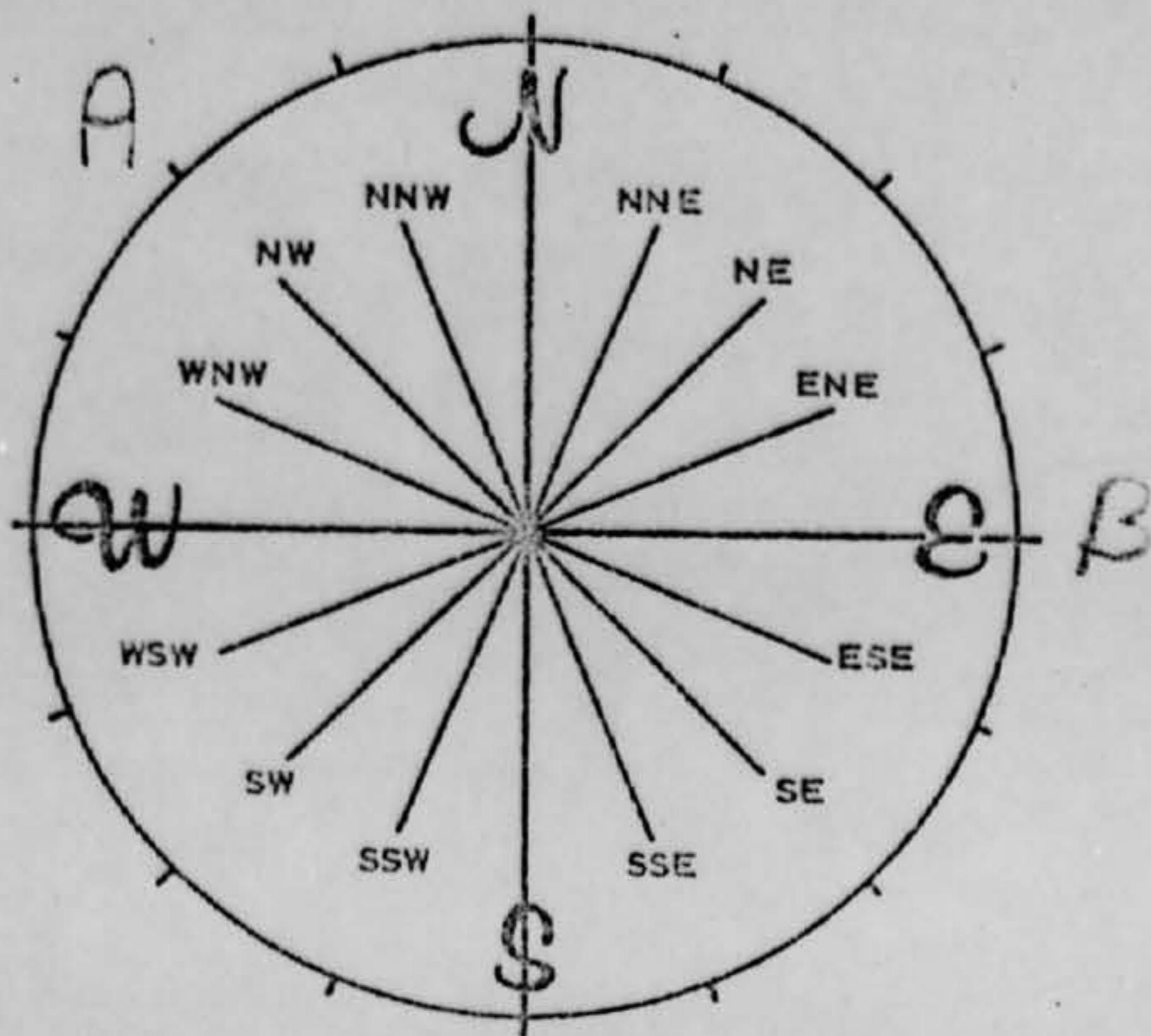
[REDACTED]
Garwood, New Jersey 07027

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 30 October 1967 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

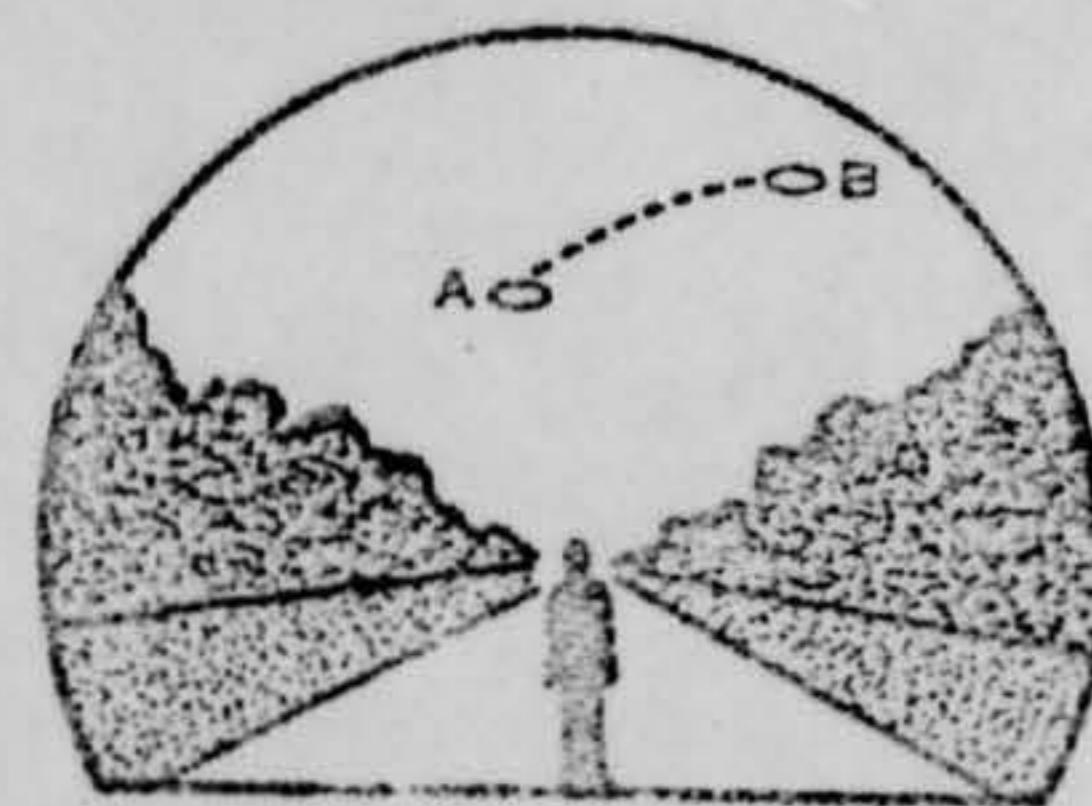
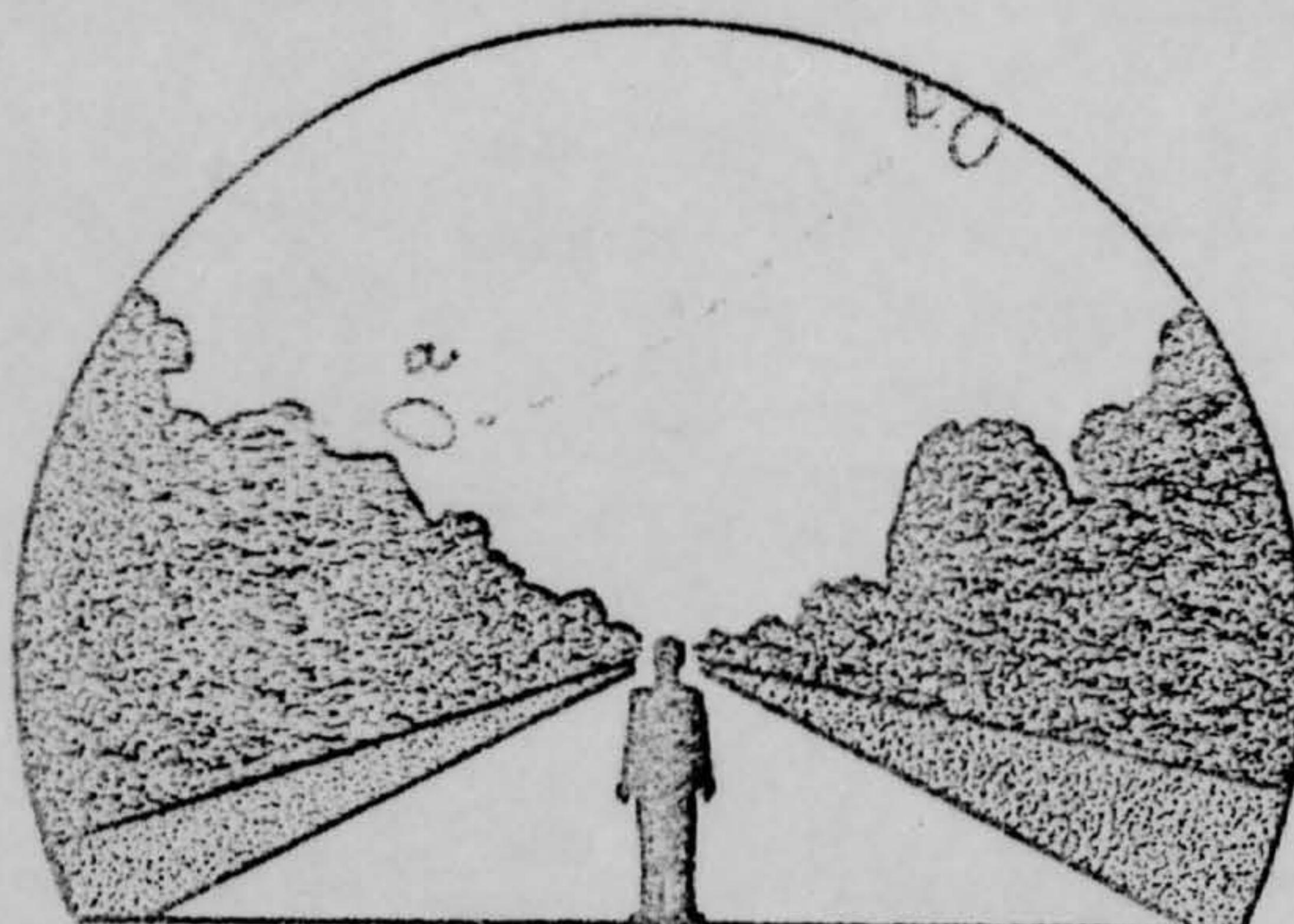
JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)	
<input checked="" type="checkbox"/> OUTDOORS	IN BUSINESS SECTION OF CITY
<input type="checkbox"/> IN BUILDING	IN RESIDENTIAL SECTION OF CITY
IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	IN OPEN COUNTRYSIDE
IN BOAT	NEAR AIRFIELD
IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	FLYING OVER CITY
OTHER <i>Yard</i>	FLYING OVER OPEN COUNTRY
	OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:	
WHAT DIRECTION WERE YOU MOVING?	HOW FAST WERE YOU MOVING?
NORTH	EAST
SOUTH	WEST
NORTHEAST	SOUTHEAST
NORTHWEST	SOUTHWEST
DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.	
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVESED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.	
HOW MUCH OTHER TRAFFIC WAS THERE?	
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.	
9. HOW LONG WAS THE PHENOMENON IN SIGHT?	
LENGTH OF TIME <i>10 Min</i>	CERTAIN OF TIME <input type="checkbox"/> FAIRLY CERTAIN <input checked="" type="checkbox"/> NOT VERY SURE <input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED? <i>By watch</i>	
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.	

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11.

CONDITIONS (Check appropriate blocks.)

A. SKY	B. WEATHER
DAY	<input checked="" type="checkbox"/> CUMULUS CLOUDS (Low fluffy)
TWILIGHT	<input checked="" type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)
NIGHT	<input checked="" type="checkbox"/> NIMBUS CLOUDS (Rain)
CLEAR	<input checked="" type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)
PARTLY CLOUDY	
COMPLETELY OVERCAST	
	<input checked="" type="checkbox"/> HAZE OR SMOG
	<input checked="" type="checkbox"/> FOG OR MIST
	<input checked="" type="checkbox"/> HEAVY RAIN
	<input checked="" type="checkbox"/> LIGHT RAIN OR DRIZZLE
	<input checked="" type="checkbox"/> HAIL
	<input checked="" type="checkbox"/> SNOW OR SLEET
	<input checked="" type="checkbox"/> UNKNOWN
	<input checked="" type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
NONE	<input checked="" type="checkbox"/> BRIGHT MOONLIGHT
A FEW	<input checked="" type="checkbox"/> MOON WITH HALO
MANY	<input checked="" type="checkbox"/> MOON HIDDEN BY CLOUDS
UNKNOWN	<input checked="" type="checkbox"/> PARTIAL (New or quarter)
	<input checked="" type="checkbox"/> UNKNOWN

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? YES NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

IN FRONT OF YOU	TO YOUR RIGHT	OVERHEAD (Near noon)
IN BACK OF YOU	TO YOUR LEFT	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

SMALL
O

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
MOVE IN A STRAIGHT LINE?		✓	✓	
STAND STILL AT ANYTIME?	✓		✓	
SUDDENLY SPEED UP AND RUN AWAY?		✓		
BREAK UP IN PARTS AND EXPLODE?		✓		
CHANGE COLOR?		✓	✓	
GIVE OFF SMOKE?		✓		
CHANGE BRIGHTNESS?	✓			
CHANGE SHAPE?	✓			
FLASH OR FLICKER?		✓		
DISAPPEAR AND REAPPEAR?		✓		
SPIN LIKE A TOP?		✓		
MAKE A NOISE?		✓		
FLUTTER OR WOBBLE?		✓		

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

My Friends Brother

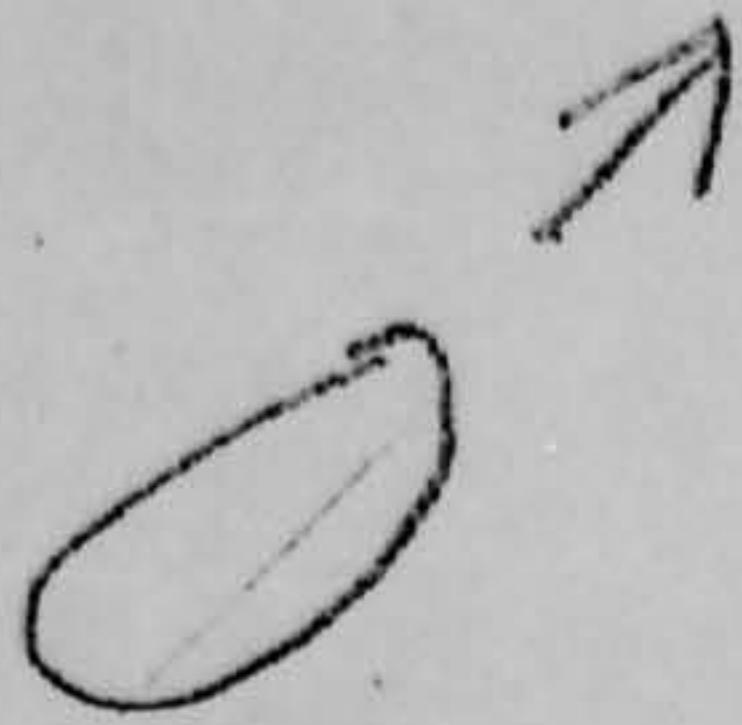
A. HOW DID IT FINALLY DISAPPEAR?

Behind tree

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

YES NO. IF "YES," DESCRIBE.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.